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ribavirin to the patient under a protocol intended to promote the Type 1 response and suppress the Type 2 response.

4. The method of claim 3 further comprising adding interferon alpha to the lymphocytes.

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5. A method of inhibiting a virus by growing a virus in an environment having lymphocytes which produce Type 1 and Type 2 cytokine responses, and adding ribavirin to the environment in a concentration for the purpose of increasing the Type 1 response and suppressing the Type 2 response.

6. The method of claim 5 wherein the virus comprises Hepatitis C.

7. The method of claim 5 wherein the environment comprises a liver.

8. The method of claim 5 wherein the environment comprises hepatocytes.

9. The method of claim 6 wherein the environment comprises a liver.

10. The method of claim 6 wherein the environment comprises hepatocytes.

11. A method of inhibiting a virus by growing HCV in an environment having lymphocytes which produce Type 1 and Type 2 cytokine responses, and adding ribavirin and an alpha interferon to the environment in a concentration with the expectation of increasing the Type 1 response and suppressing the Type 2 response.

12. The method of claim 11 wherein the environment is a human patient, and ribavirin is administered to the human patient at no more than 800 mg/day.

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13. The method of claim 12 wherein ribavirin is administered at no more than 600 mg/day.

14. A method of treating a viral infection in a patient comprising:
receiving information that ribavirin may be beneficial in treating the viral infection within a dosage range based on a possible immunomodulatory effect; and
encouraging a physician to administer the ribavirin to treat the viral infection without having clinical proof of the immunomodulatory effect.